2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 31, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000055891

1. Entity Name
FLORIDA-GEORGIA TRANSPORT, LLC

Principal Place of Business	Mailing Address
184 COMFORT ROAD PALATKA, FL 32177	184 COMFORT ROAD PALATKA, FL 32177

07072006No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-1446377
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

COPLEY, RICK J
184 COMFORT ROAD
PALATKA, FL 32177

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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE ✓ Rick J Copley
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by September 6, 2006

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGRM
NAME	MITCHELL, H. GRAYSON JR
STREET ADDRESS	215 OLD FARM ROAD
CITY-ST-ZIP	ROANOKE RAPIDS, NC 27870
TITLE	MGRM
NAME	RAWLS, JOHN R
STREET ADDRESS	17486 OLD BELFIELD ROAD
CITY-ST-ZIP	CAPRON, VA 23829
TITLE	MGRM
NAME	MITCHELL, KENNETH B
STREET ADDRESS	105 BEECH TREE LANE
CITY-ST-ZIP	EMPORIA, VA 23847
TITLE	MGRM
NAME	COPLEY, RICK J
STREET ADDRESS	8315 RIDING CLUB ROAD
CITY-ST-ZIP	JACKSONVILLE, FL 32256
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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08/01/06-80001-011 50.00

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: ✓ H Grayson Mitchell
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #